



**POLITICAL ACTION COMMITTEE
OR LEGISLATIVE CAUCUS COMMITTEE
STATEMENT OF ORGANIZATION**

State Form 28251 (R9/9-09)

Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

(CFA-2)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name WARNE TOWNSHIP TEAM PAC			3. Acronym or Abbreviated Name (if any) WTTPAC		
4. Mailing Address (Address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 5545 W. MARNETTE ST			5. E-mail Address (Optional) WAYNETOWNSHIP@HOTMAIL.COM		
6. City INDPLS	State IN	ZIP Code 46241	7. FAX (Optional) () - () -	8. Telephone (317) 313-9450	9. Committee Organization Date (MM-DD-YY) JUNE 8 2010
10. Is this committee registered with the Federal Election Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			11. Is this committee a "Legislative Caucus Committee" under IC 3-5-2-27.3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
12. State the purpose of the committee and on which issues the committee expects to focus. THE PURPOSE OF THE WTTPAC SHALL BE TO ADVANCE & PERPETUATE THE PRINCIPLES OF THE REPUBLICAN PARTY?					
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual. _____			14. Is this committee supporting a political party's entire ticket? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check party affiliation if applicable: <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other _____		
15. If supporting or opposing a public question, state both the subject of the question AND the committee position. _____					

16. Chairperson's Name <input type="checkbox"/> Check if this is a new chairperson SUSAN SCOTT		17. E-mail Address (Optional) SR282@COMCAST.NET	
18. Mailing Address <input type="checkbox"/> Check if this is a new address 2407 COUNTRY LANE		19. Telephone (Day) (317) 441-5667	20. Telephone (Evening) (317) 441-5667
21. Treasurer's Name <input type="checkbox"/> Check if this is a new treasurer VICKI L. HARRIS		22. E-mail Address (Optional) VICKI.NOWAK@STRYKER.COM	
23. Mailing Address <input type="checkbox"/> Check if this is a new address 5545 W. MARNETTE ST.		24. Telephone (Day) (317) 487-0222	25. Telephone (Evening) (317) 487-0222
26. Custodian of Records' Name <input type="checkbox"/> Check if this is a new custodian VICKI L. HARRIS		27. E-mail Address (Optional) VICKI.NOWAK@STRYKER.COM	
28. Mailing Address <input type="checkbox"/> Check if this is a new address 5545 W. MARNETTE ST		29. Telephone (Day) (317) 487-0222	30. Telephone (Evening) (317) 487-0222
31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) HORIZON ONE FEDERAL CREDIT UNION			

SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.	Person Appointed Treasurer Vicki L. Harris	Signature of the Committee Chairperson Susan P. Scott
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SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

33. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.

34. Typed or Printed Name of Treasurer VICKI L. HARRIS	Signature of Treasurer Vicki L. Harris	Date (MM-DD-YY) 6-8-2010
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SECTION D. CERTIFICATION OF STATEMENT

I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.

35. Typed or Printed Name of Chairperson SUSAN SCOTT	Signature of Chairperson Susan P. Scott	Date (MM-DD-YY) 6-8-2010
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Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) State law requires that any change in this information must be reported within 10 days of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)

FOR OFFICE USE ONLY

Elizabeth A. White

JUN 08 2010

FILED